

THE CLEVELAND MUSEUM OF ART
FORTY-FIFTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE
MAY 8 to JUNE 16, 1963

PLEASE
LETTER
PLAINLY
OR TYPE

Collaborator if any _____ Artist FLORENCE EASLY
FIRST NAME LAST NAME
Address 13807 CASTALIA CLEVE, 10, OHIO Tel. GL 1-1027
NO STREET CITY ZONE COUNTY

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank...

[illegible]

Use second blank if required

IMPORTANT

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Mrs Florence Casley
SIGNATURE

REC'D MAR 11 1963